

AMENDMENT TRANSMITTAL LETTER				Docket Number VPM-00101	
Application Number 10/568,240	Filing Date February 14, 2006	First Named Inventor: Naomi NISHIKATA		Group Art Unit 2617	
Invention Title: MOBILE COMMUNICATION TERMINAL AND APPLICATION PROGRAM				Examiner HUYNH, Nam Trung	

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application, including:

(X) Amendment and Response; and
(X) Amendment Transmittal

CLAIMS AS AMENDED

	(1)		(2)	(3)		
	CLAIMS AS CURRENTLY AMENDED		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	28	Minus	28	0	x \$ 52	\$
INDEPENDENT CLAIMS	6	Minus	6	0	x \$220	\$
MULTIPLE DEPENDENT CLAIM ADDED	Previously Paid				\$390	\$
					TOTAL	\$
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$

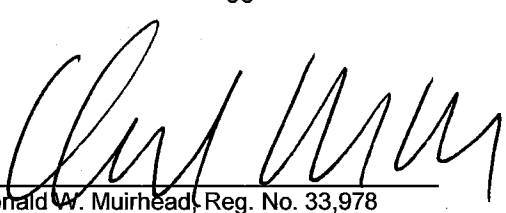
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20."
 *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3."
 The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

() Please charge **Deposit Account Number 503596** in the amount of \$_____.

() Please charge \$ _____ to our credit card. Attached is PTO Form 2038.

() A check in the amount of \$_____ to cover the filing fee is enclosed.

(X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our **Deposit Account Number 503596**.

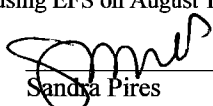


Donald W. Muirhead, Reg. No. 33,978
August 10, 2011
Date

Customer No. 54004

Certificate of Electronic Filing

I hereby certify that the foregoing documents are being deposited with the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 via Electronic Filing using EFS on August 10, 2011.



Sandra Pires